APPLICATION FOR TRANSFER OF REGISTRATION

I, _____, hereby make application for
(Name of Voter)
the transfer of my registration.

FROM: **TO:**

_____   _____
Street Address   Street Address

_____   _____
City   Zip   City   Zip

_____   _____
Township   Township

_____   _____
Pct./Ward   Pct./Ward

Date Moved: _____

_____   _____
Print Voter's Name   Voter's Signature

Email address:_____
(optional, for notification purposes only)

TO BE COMPLETED BY ELECTION AUTHORITY

Master File Updated   _____   _____   _____
                              IN   OUT   Date

Binder File Updated   _____   _____   _____
                              IN   OUT   Deputy Clerk's Initials

Precinct List Updated   _____   _____
                              IN   OUT

Voter Code Updated   _____   _____
                              IN   OUT

Voter ID Card Updated _____   _____   (Attach Old Voter ID Card)
                         IN   OUT